



**\*\*SAMPLE\*\***

U.S. Department of State

OMB NO. 1405-0011  
EXPIRES: 11/30/2019  
Estimated Burden: 20 minutes

# APPLICATION FOR CONSULAR REPORT OF BIRTH ABROAD OF A CITIZEN OF THE UNITED STATES OF AMERICA

Registration Number

A. THIS SECTION TO BE COMPLETED BY THE CHILD'S PARENT(S) OR GUARDIAN(S) OR THE CHILD (USE SECTION D CONTINUATION SHEET)

## INFORMATION ABOUT THE CHILD

### 1. Name of Child in Full

DOE  
(Last/Surname)

JOHN  
(First)

JUNIOR  
(Middle)

### 2. Sex

☒ M ☐ F

### 3. Date of Birth

07 / 04 / 2019  
(month) (day) (year)

### 4. Place of Birth

BERN  
(City)

SWITZERLAND  
(Country)

**NOTE:** (If the U.S. citizen parent transmitting citizenship to the child is not present, he or she may complete State Department Form DS 5507 Affidavit of Parentage Physical Presence and Support and submit it separately. The parent completing this application should provide as much information on the parent completing the Form DS 5507 as he or she has.)

## INFORMATION ON MOTHER/FATHER/PARENT

### 5. Full Name

DOE  
(Last/Surname)

JANE  
(First)

-  
(Middle)

### 6. All Previous Legal Names Used

MUSTER  
(Last/Surname)

JANE  
(First)

-  
(Middle)

-  
(Last/Surname)

-  
(First)

-  
(Middle)

### 7. Sex

☐ M ☒ F

### 8. Date of Birth

03 / 18 / 1989  
(month) (day) (year)

### 9. Place of Birth

BERN  
(City)

SWITZERLAND  
(State/Province)

USA  
(Country)

### 10. Current Physical Address (Do not list P.O. Box) (A.P.O. Address Permitted)

BERNSTRASSE 29

(Address Line 1)

BERN, SWITZERLAND, 3007

(City, State/Province, Country, Postal Code)

079 123 45 67

(Phone Number(s))

JANEDOE@EXAMPLE.COM

(Email Address)

Use this address if Consular Report of Birth  
will be mailed?

☒ Yes ☐ No

### 11. Full Name

DOE  
(Last/Surname)

JOHN  
(First)

-  
(Middle)

### 12. All Previous Legal Names Used

-  
(Last/Surname)

-  
(First)

-  
(Middle)

-  
(Last/Surname)

-  
(First)

-  
(Middle)

### 13. Sex

☒ M ☐ F

### 14. Date of Birth

05 / 29 / 1985  
(month) (day) (year)

### 15. Place of Birth

NEW YORK  
(City)

NY  
(State/Province)

USA  
(Country)

### 16. Current Physical Address (Do not list P.O. Box) (A.P.O. Address Permitted)

BERNSTRASSE 29

(Address Line 1)

BERN, SWITZERLAND, 3007

(City, State/Province, Country, Postal Code)

078 123 45 67

(Phone Number(s))

JOHNDOE@EXAMPLE.COM

(Email Address)

Use this address if Consular Report of Birth  
will be mailed?

☐ Yes ☒ No

### 17. Mailing Address (if different from Current Physical Address) (Do not list a P.O. Box.) (You may list an A.P.O. address)

(Address Line 1)

(City, State/Province, Country and Postal Code)

*(Continued)*

**INFORMATION ON MOTHER/FATHER/PARENT**

**18. Citizenship**

Were you a U.S. citizen or U.S. Non-Citizen National when the child was born?

☐ Yes ☒ No

*(Continued)*

**INFORMATION ON MOTHER/FATHER/PARENT**

**19. Citizenship**

Were you a U.S. citizen or U.S. Non-Citizen National when the child was born?

☒ Yes ☐ No

**MARITAL STATUS OF THE PARENTS**

**20. Were you married to the child's other biological parent when the child was born?** ☒ Yes ☐ No

**21. Date and Place of Marriage to the child's other biological parent and current status**

01 / 14 / 2018      NEW YORK      NY      USA  
(month) (day) (year)      (City)      (State/Province)      (Country)

☒ Still Married    ☐ Divorced        /     /        ☐ Death        /     /      
(month) (day) (year)      (month) (day) (year)

*(Continued)*

**INFORMATION ON MOTHER/FATHER/PARENT**

**22. Please list any other marriages** (Show Name(s) of Spouse(s), Dates and Current Status) if applicable (Death, Divorce, Still Married). If you have never been married, enter "None." (If additional space is needed, please use the Section D Continuation Sheet)

NONE

*(Continued)*

**INFORMATION ON MOTHER/FATHER/PARENT**

**23. Please list any other marriages** (Show Name(s) of Spouse(s), Dates and Current Status) if applicable (Death, Divorce, Still Married). If you have never been married, enter "None." (If additional space is needed, please use the Section D Continuation Sheet)

PENELOPE SAMPLE  
MARRIED 01/20/2014, DIVORCED 03/04/2016

**24. Precise Periods of Time in United States**  
(if additional space is needed, please use the Section D Continuation Sheet)

**25. Precise Periods of Time in United States**  
(if additional space is needed, please use the Section D Continuation Sheet)

Place (City, State)	Date (month-day-year)	Date (month-day-year)
MIAMI, FL	From 07/20/2010	To 08/23/2010
NEW YORK, NY	From 11/18/2012	To 11/29/2012
LAS VEGAS, NV	From 08/01/2015	To 08/26/2015
NEW YORK, NY	From 12/22/2017	To 01/22/2018
	From	To
	From	To
	From	To
	From	To
	From	To

Place (City, State)	Date (month-day-year)	Date (month-day-year)
NEW YORK, NY	From 05/29/1985	To 03/20/2002
NEW YORK, NY	From 04/18/2002	To 09/27/2006
WASHINGTON, D.C.	From 09/28/2006	To 01/31/2009
NEW YORK, NY	From 07/06/2012	To 08/03/2012
LAS VEGAS, NV	From 08/01/2015	To 08/26/2015
NEW YORK, NY	From 12/22/2017	To 01/22/2018
	From	To
	From	To
	From	To
	From	To

*(Continued)***INFORMATION ON MOTHER/FATHER/PARENT**

26. Precise Periods Abroad in U.S. Armed Forces, in other U.S. Government Employment, with Qualifying International Organization, or as a dependent child of a person so employed (Specify) (if additional space is needed please use the Section D Continuation Sheet)

Branch/Agency/Org.	Date (month-day-year)	Date (month-day-year)
N/A	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To

*(Continued)***INFORMATION ON MOTHER/FATHER/PARENT**

27. Precise Periods Abroad in U.S. Armed Forces, in other U.S. Government Employment, with Qualifying International Organization, or as a dependent child of a person so employed (Specify) (if additional space is needed please use the Section D Continuation Sheet)

Branch/Agency/Org.	Date (month-day-year)	Date (month-day-year)
N/A	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To

**B. THIS SECTION TO BE COMPLETED BEFORE/BY CONSULAR OFFICER, NOTARY PUBLIC, OR OTHER PERSON QUALIFIED TO ADMINISTER OATH**

NOTE: If a U.S. citizen parent transmitting citizenship to the child born out of wedlock is not present, he or she may complete State Department Form DS 5507 Affidavit of Parentage Physical Presence and Support and submit separately. Only the U.S. citizen father of a child born abroad out of wedlock must complete the acknowledgement of paternity and agreement to provide financial support.

28. I \_\_\_\_\_ do solemnly swear (or affirm)(check all that apply)  
(Name)

☐ I am a U.S. citizen or non-citizen national. ☐ I am the father of \_\_\_\_\_,  
(Name of Child)

who was born on \_\_\_\_\_ in \_\_\_\_\_.  
(Date of Birth) (Place of Birth) ☐ My child was born out of wedlock, and I am the

the father through whom he/she is claiming U.S. citizenship. ☐ I agree to provide financial support for this child until he/she reaches the age of eighteen

\_\_\_\_\_  
(Signature of Affiant)

SUBSCRIBED AND SWORN TO (AFFIRMED) before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Signature and Title of Administering Officer)

(SEAL)

(Continued)

**THIS SECTION TO BE COMPLETED BEFORE/BY CONSULAR OFFICER, NOTARY PUBLIC, OR OTHER  
PERSON QUALIFIED TO ADMINISTER OATHS**

29. Affirmation: I SOLEMNLY SWEAR (OR AFFIRM) THAT THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE TO THE  
BEST OF MY KNOWLEDGE AND BELIEF.

Name of Person(s) Providing Information

Relationship to the Child  
(Parent, Legal Guardian, Other (Specify))

Signature of Person(s) Providing Information

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type Name and Title of Official

\_\_\_\_\_

Signature of Official

\_\_\_\_\_

City

\_\_\_\_\_

Date

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(month) (day) (year)

Subscribed to: (SEAL)

30. Approval of Consular Report of Birth

\_\_\_\_\_

(Printed Name of Consular Officer)

\_\_\_\_\_

(Signature of Consular Officer)

\_\_\_\_\_

(Approving Post)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(month) (day) (year)  
(Date of Approval)

\_\_\_\_\_

(Registration Number)

**DO NOT  
COMPLETE**

**C. FOR OFFICIAL USE**

31. Documents Presented - Please mark accordingly and provide date of document. (If more space is required, list on separate page)

<input type="checkbox"/>	Child's Birth Certificate	____/____/____ (month)(day)(year)	_____ (City)	_____ (Province)	_____ (Country)
<input type="checkbox"/>	Marriage Certificate	____/____/____ (month)(day)(year)	____/____/____ (month)(day)(year) (File Date)	_____ (City)	_____ (State)
			_____ (Province)	_____ (Country)	
<input type="checkbox"/>	Divorce Decree(s)	(a) ____/____/____ (month)(day)(year) (File Date)	____/____/____ (month)(day)(year) (Date of Issuance)	_____ (City)	_____ (State)
			_____ (Province)	_____ (Country)	
		(b) ____/____/____ (month)(day)(year) (File Date)	____/____/____ (month)(day)(year) (Date of Issuance)	_____ (City)	_____ (State)
			_____ (Province)	_____ (Country)	
		(c) ____/____/____ (month)(day)(year) (File Date)	____/____/____ (month)(day)(year) (Date of Issuance)	_____ (City)	_____ (State)
			_____ (Province)	_____ (Country)	
<input type="checkbox"/>	Death Certificate(s)	(a) ____/____/____ (month)(day)(year)	_____ (City)	_____ (State)	
		(b) ____/____/____ (month)(day)(year)	_____ (City)	_____ (State)	
<input type="checkbox"/>	Mother/Father/Parent's Passport	_____ (Passport Number)	____/____/____ (month)(day)(year) (Date of Issuance)	_____ (Nationality)	
<input type="checkbox"/>	Mother/Father/Parent's Passport	_____ (Passport Number)	____/____/____ (month)(day)(year) (Date of Issuance)	_____ (Nationality)	
<input type="checkbox"/>	Other Identity Document of Mother/Father/Parent (e.g. Naturalization Certificate)	_____ (Name of the Citizenship Document)	_____ (Document Number)	____/____/____ (month)(day)(year) (Date of Issuance)	
<input type="checkbox"/>	Other Identity Document of Mother/Father/Parent (e.g. Naturalization Certificate)	_____ (Name of the Citizenship Document)	_____ (Document Number)	____/____/____ (month)(day)(year) (Date of Issuance)	
<input type="checkbox"/>	Other Identity Document of Mother/Father/Parent (e.g. Driver's License)	_____ (Name of the Identity Document)	_____ (Document Number)	____/____/____ (month)(day)(year) (Date of Issuance)	
<input type="checkbox"/>	Other Identity Document of Mother/Father/Parent (e.g. Driver's License)	_____ (Name of the Identity Document)	_____ (Document Number)	____/____/____ (month)(day)(year) (Date of Issuance)	
<input type="checkbox"/>	Other (Legal Guardianship; Power of Attorney, etc.)	_____ (Name of the Document)	_____ (Document Number)	____/____/____ (month)(day)(year) (Date of Issuance)	

**D.**

**CONTINUATION SHEET (USE THIS SPACE FOR ADDITIONAL INFORMATION)**

## **PRIVACY ACT STATEMENT**

**AUTHORITY:** The information solicited on this form is requested pursuant to provisions in Titles 8 and 22 of the United States Code (U.S.C.), whether or not codified, including specifically 22 U.S.C. 2705 and predecessor statutes, and by regulations issued pursuant to E.O. 11295 (August 5, 1966), including Part 50, Title 22 Code of Federal Regulations (CFR).

**PURPOSE:** The primary purpose for soliciting the information is to establish citizenship, identity, and entitlement to issuance of a Consular Report of Birth and to properly administer and enforce the laws pertaining thereto. The information may also be used in connection with issuing other evidence of citizenship, and in furtherance of the Secretary's responsibility for the protection of U.S. nationals abroad.

**ROUTINE USES:** The information solicited on this form may be made available as a routine use to other government agencies, to assist the U.S. Department of State in adjudicating passport applications and requests for related services, and for law enforcement and administrative purposes. It may also be disclosed pursuant to court order. The information may be made available to foreign government agencies to fulfill passport control and immigration duties. The information may also be provided to foreign government agencies, international organizations and, in limited cases, private persons and organizations to investigate, prosecute, or otherwise address possible violations of law or to further the Secretary's responsibility for the protection of U.S. nationals abroad. The information may be made available to private U.S. citizen 'wardens' designated by the U.S. embassies and consulates. More information on the Routine Uses for the form can be found in the System of Records Notice, Public Notice 6209 for May 2, 2008. The title of this notice is Overseas Citizens Services Records.

**DISCLOSURE:** Providing the information requested on this form is voluntary. Failure to provide the information requested on this form may result in the denial of a Consular Report of Birth, related document or service to the individual seeking such report, document or service.

## **PAPERWORK REDUCTION ACT (PRA) STATEMENT**

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: CA/OCS/L, SA-29, 4th Floor, U.S. Department of State, Washington, DC 20037-3202.